



**Winston H. Hickox**  
Secretary for  
Environmental  
Protection

# State Water Resources Control Board

## Office of Operator Certification

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**Gray Davis**  
Governor

## WASTEWATER TREATMENT PLANT CLASSIFICATION DATA FORM

Pursuant to California Code of Regulations, Title 23, Division 4, Chapter 14

(Please fill out a separate form for each plant)

1. Agency Name and Address:

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Agency Telephone Number:

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2. Specific Name and Address of  
Wastewater Treatment Plant:

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Wastewater Treatment Plant Telephone Number:

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3. Plant design flow: \_\_\_\_\_MGD Present average dry weather flow: \_\_\_\_\_MGD

4. List the liquid flow processes in order: \_\_\_\_\_

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List the solid handling processes: \_\_\_\_\_

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5. Waste Discharge Requirements / Limits / Prohibitions:

<u>Constituent</u>	<u>Units</u>	<u>30-Day Average</u>	<u>Monthly Median</u>
BOD (20 degree C, 5-day)	mg/l	_____	_____
Nonfilterable Residue	mg/l	_____	_____
Settleable Solids	ml/l hr	_____	_____
Total Coliform Organisms	MPN/100 ml	_____	_____



5A. List any other Waste Discharge Requirements/Limits/Prohibitions of particular significance:

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6. Chemicals added during treatment:

Type of Chemical	Amount Added Per Million Gallons	Purpose
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

7. In accordance with the definitions in Section 3671, the Chief Plant Operator is:

\_\_\_\_\_,  
and the supervisor and/or shift supervisors are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please attach the following:

- A. A flow diagram of the plant showing all plant processes.
- B. An organization chart showing all wastewater treatment plant personnel.
- C. Job descriptions for all wastewater personnel classifications.
- D. Duty rosters for operation of the plant, or a listing of all plant personnel by title and/or classification.

9. I certify that the submitted information is true to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



8/00: L:\Opsers\PLTCLASS.doc

